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ABSTRACT

The authors of six chapters focus on areas in which state Developmental Disabilities (DD) Planning Councils have had persistent problems and explore new opportunities for effective DD Council action. Included are papers with the following titles: "Changing the Imagery of DD Citizens in the Media" by S. Diamond (who describes the need for communicators to examine carefully their own feelings as a necessary first step in modifying the media imagery of citizens who are, like her, developmentally disabled); "Planning a Public Awareness Program" by D. O'Connell (who addresses the program components of goals, strategies, audiences, messages, and assessment); "Idaho Child Find and Public Awareness Activities" by L. Gibbs (who reports on a state program to provide early screening, diagnosis, and evaluation of infants and preschoolers who are developmentally disabled); "Ten Ways to Meet the People and Make Them Yours" by L. Wiseman (who presents guidelines for open siting of community based programs); "Consumer Involvement in Communication Activities" by V. Russock and E. Pattison (who examin some of the communication activities of consumers in the area of designing and implementing a community based approach); and "A Filmmaker's Thoughts on Film Production Concerning the Developmentally Disabled" by J. Stanfield (who provides responses, in question-answer format, to frequently asked questions concerning public awareness). (SB)

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PERSPECTIVES

ON

PUBLIC AWARENESS

Pascal Trohanis Gary Richman

Editors

A Booklet for State DD Councils

Prepared by DD/TAS

Spring 1976

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INTRODUCTION

Public awareness continues to be a growing concern among this nation's State Developmental Disabilities Planning Councils. In an attempt to capture some of the latest thinking on key issues about this communication endeavor, we have compiled this material for your reference and use. The thematic thread throughout this booklet concerns the needs, approaches, and techniques of public awareness.

In 1974 the Developmental Disabilities/Technical Assistance System held a meeting of DD Councils involved in public awareness to discuss mutual concerns, plans, and problems. Eight states participated in that session. The second "Public Awareness Idea Sharing Session" a year later drew nineteen states; this year twenty-two states participated.

Not only has the number of DD Councils involved in public awareness increased, but so has the breadth of their activities and the sophistication of their efforts. Presently DD Councils are engaged in a wide variety of activities. These include changing the attitudes of the general public; informing legislators; keeping professional colleagues across the state in contact with each other; enlisting the aid of doctors and other health professionals in locating unserved children; educating the media about developmental disabilities so that they can better inform the public; and promoting state government administrators' understanding about the work of the DD Council. In carrying out these diversified activities, DD Councils have developed films, brochures, slide-tapes, newsletters, television programs, posters, pamphlets, and press kits. They have held conferences, and seminars. Above all, the Councils have developed and engaged in one to one personal communi-

cation. In short, DD Councils have generated a wide array of public awareness goals and objectives and are using a full range of strategies to implement them.

The purpose of this booklet is to look at some aspects of what makes an effective public awareness campaign and how a DD Council can develop and support it. To this end, various perspectives are included. These were prepared by the authors who served as resource persons at this year's Public Awareness Idea Sharing Conference on March 3-5, 1976 in Itasca, Illinois. Their chapters are not transcripts of their presentations nor is this document intended to serve as a proceedings of the Conference. The resource people were invited to participate in both the Conference and this booklet, because we felt that each had an important perspective on the issues involved in public awareness. We have enlisted their expertise to focus on areas in which DD Councils have had persistent problems or to explore new opportunities for effective DD Council action.

As always, we welcome feedback, not only on what is presented in this booklet, but on other public awareness topics of concern and interest to you.

Gary Richman
Pascal Trohanis

Chapel Hill, North Carolina
May 1976

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CHAPTER 1

CHANGING THE IMAGERY OF DD CITIZENS IN THE MEDIA

by

Sondra Diamond

Changing attitudes toward persons with developmental disabilities is a challenging mandate. Moreover, the message the DD Council wants to communicate competes with images and messages from many sources, especially the mass media.

Sondra Diamond is a counseling psychologist in Philadelphia. Her paper describes the need for communicators to examine carefully their own feelings as a necessary first step in modifying the media imagery of citizens who are, like her, developmentally disabled.

"Lucky, lucky, lucky you!" I'm sure many of you recall that slogan that we so frequently heard on radio and television during a recent United Fund campaign. "Lucky, lucky, lucky you" was not the message that was projected. The louder message, and probably the intended message, was hidden. "Unlucky, unlucky, unlucky me" was the more evident, implied message communicated through an adorable, crippled child, a bedridden elderly woman, and others. Isn't the heart rendering display of poor unfortunates the best way to get people to donate money? Or, is there a better way?

A few years ago the National Organization for Women produced a television commercial showing a diaper-clad baby girl toddling across our screen. A deep, unseen voice told the viewer, "This child is handicapped." Bus and train posters, magazines, and newspapers carried an advertisement adapted from this commercial, with a photograph of the same little girl, and the banner headline reading "This Child is Handicapped." The word "handicapped" evokes pity. NOW utilized this feeling to point out the inequalities suffered by women, perpetuating the down-trodden image of the disabled. Can we permit the media to continue to use the image of the developmentally disabled as helpless for self-serving purposes? Or, is there a better way?

Television scriptwriters are as guilty in their distortion of the image of disabled people as are advertising copywriters. Television dramas depict disabled people in two polarized ways: either we are superheroes or pathetic invalids. An example of the superheroes is Ironsides, the supercop in a wheelchair. Have you ever noticed that when Chief Ironsides investigates a crime, he is never confronted by architectural barriers? He is never subjected to curious stares or inquisitive comments about his disability. And who can forget Longstreet, the blind insurance investigator, who could hear a criminal breathing fifty yards away? Thus the myths are perpetuated that those of us

who are in wheelchairs have super-intellects and those of us that are blind have super-hearing.

At the other end of the spectrum, television portrays us as helpless creatures to be cared for constantly. We end up as victims of crimes, confined for life to a wheelchair as a result of being shot by a would-be murderer; or we are shown as an elderly, neurotic mother-in-law manipulating her family from a wheelchair or a sick bed. Are heroes and invalids the only two stereotypes that television can draw on when characterizing disabled people? Or, is there a better way?

The greatest exposure that disabled people have in the media, especially on television, is through telethons. Little children on crutches parading past television cameras, children in wheelchairs having songs such as "You'll Never Walk Alone" or the "Impossible Dream" sung to them, are bound to evoke the proverbial lump in the throat. If disabled adults are shown, which is seldom, they are treated patronizingly and condescendingly, rather than as individuals who have overcome their disabilities. Famous celebrities, with tears in their eyes, implore the viewers to give until it hurts. Is this how we are to educate the public concerning disabled people? Is this how we are to continue to acquire funds, to implement programs, services and research? Or, is there a better way?

If you are concerned with changing the image of developmentally disabled people in the media, you must first be more comfortable with your feelings concerning disabled individuals. You must see us as total human beings, with all the potential and feelings of the non-disabled. Your willingness and professional expertise do not preclude the fact that you have a set of notions and feelings about people different from yourselves: whether they be of a different race, nationality, sex, or the disabled. I am, of course, especially in-

terested in your feelings about disabled people. These feelings cannot be ignored; they must be faced head-on if you are to be effective in changing the feelings of others.

Examine your feelings. Examine them in terms of what you were taught about developmentally disabled people while you were growing up. You were probably taught not to look at them, and not to stare. Yet you were freely permitted to look at other people. Examine your feelings about disabled people in terms of your own fears, self-doubts, and your own self-concept about <u>your</u> body image. It is also important for you to discuss your feelings openly with your collegues. It is too easy to project how you think <u>you</u> might feel if you were disabled. <u>Being</u> disabled is not the same as <u>thinking</u> about what it would be like if you were disabled.

You are human beings! In working for developmentally disabled people, you must acknowledge your feelings - the negative ones as well as the positive ones. Face these feelings and deal with them! Let us not think, "I shouldn't feel this way." If you face your <u>own</u> feelings about disabled people, then you will be free to get on with the business of projecting a true image without being encumbered by erroneous concepts.

Society with its many barriers makes a disability a burden, rather than the disability itself being intrinsically a burden. Your task is to recognize and understand the barriers created by society which prevent disabled people from leading normal lives and to do something about it.

Perhaps it would help you if we took a closer look at what it feels like to be disabled. It's happy, it's sad, it's exciting, it's frustrating, it's probably just like being non-disabled. You worry about the future, you revel in the joys of the present, you wonder what will become of you when your family is no longer around to help you with your special needs. You want to go places

and do things just like everyone else. You have the same sexual drives, the same hopes and dreams for marriage and a family, the same aspirations for a successful life as everyone else does.

Being disabled is also a puzzling experience because people don't react to you the way you feel inside. People look at you and assume you are retarded or incompetent or a pitiful sight. But you don't feel retarded, incompetent or pitiful.

There is a great emphasis placed on physical competency, so when you are confronted with an individual who can't toilet himself, or dress himself, there is a tendency to treat this person as if he were also emotionally and intellectually helpless. The two do not go hand-in-hand. Yet, it is true that I cannot take myself to the bathroom or dress myself, but I can speak to you about my feelings. I can carry on a full professional life as a counseling psychologist, and I can lead a rich social life.

It is also important for you to know that there are moments when a great deal of self-pity washes over a disabled person. These feelings are born out of the conflicts that we experience within the environment that society creates. The conflicts are a result of what we want to do, what we are capable of doing, and what we are permitted to do.

Disabled people in our society have historically been second class citizens. And, as such, have been subject to the same indignities that other minority groups have had to endure. For example, ten percent of the population of the United States is physically disabled. And that figure of 10% is merely an estimate, for these are the people who are on record in hospitals, agencies, and the like. Therefore, the figure is much higher. By 1980, because of the marvels of medical science to keep us alive, some estimates predict 50% of the population will be disabled.

In order for us to prepare for what is only four short years away, it is your task to help the public understand that a disability is not an abnormality - it is a difference. We are as different as each of you are from each other. Our eye colors are different, our hopes are different, our educational levels are different - as different as each of yours are. We do not see an inferiority in being disabled; rather, we are different.

The black man waited impatiently for the media to recognize him as an ordinary human being. It is only recently that we have seen him in commercials brushing his teeth, as a user of deodorant, or buying an automobile. Will it take us another decade to recognize that developmentally disabled people brush their teeth, use deodorant, and purchase automobiles? Or, is there a better way?

CHAPTER 2

PLANNING A PUBLIC AWARENESS PROGRAM

by

Daniel O'Connell

One of the difficult problems in mounting a public awareness program is clearly defining the goal, the target audience, and the message. Daniel O'Connell, former Director of the Connecticut DD Council, wrestled with this problem for over a year. His paper presents a simple matrix approach to planning a public awareness program which he developed as a result of his experiences. His matrix framework addresses the components of goals, strategies, audiences, messages, and assessment.

Daniel O'Connell is currently Superintendent of the Hartford Regional Center in Newington, Connecticut.

Introduction

It is unfortunate, but true, that all too often programs fall far short of their objectives because of the absence of a clear and specific planning mechanism. Vaguely defined program objectives frequently lead to the selection of strategies which, upon closer scrutiny, are found to be inappropriate. This tendency poses a particularly serious threat to public awareness efforts undertaken by State Councils on Developmental Disabilities throughout the country.

The concept of planning is sometimes presented as an awesome and cumbersome process. Recent years have seen considerable sophistication added to planning techniques, sophistication which has the potential of being both time-consuming and costly to maintain. That is not the type of planning mechanism referred to in this article.

The purpose of this presentation is to simplify the process of planning public awareness efforts and to present a strategy for planning which is both meaningful and useful to DD Councils.

The Value of Planning

One must ask, "What is the real purpose behind planning a public awareness program?" Unfortunately, DD Councils can not afford the luxury of attempting to be all things to all people. In all areas, each state Council has to be painfully selective in choosing only those objectives which are the most critical in satisfying its needs. Council members must be certain that their resources are truly being directed only toward their desired objectives, and not dissipated in vague and diffuse undertakings.

Not only does a program plan help provide this assurance, but it also serves as a blueprint to individual Council members. If stated in specific

and concise terms, it allows the Council to monitor its efforts very closely. In this way, changes in direction and/or allocation of resources can be decided upon factually and accurately, and not on the basis of impulse, supposition or emotional debate.

On a pragmatic basis, a public awareness plan enables a Council to avoid the dangerous "Hey, Let's Do A . . ." syndrome. This is a situation well known to most Councils in which an individual proposes a tempting excursion away from the Council's objectives by introducing a statement at a well-timed moment such as, "Hey, let's do a newsletter," or "Hey, let's do a brochure." Without a plan against which the Council can measure such proposals, which frequently appear attractive at first glance, the Council may suddenly find itself diluting its efforts by investing its scarce resources in a wide variety of diffuse efforts, because they were the most expedient projects presented. A plan offers a consistent and objective method of assessing the inevitable variety of suggestions and proposals which will be forthcoming.

Goal + Strategy = Plan

A public awareness plan does not have to be cumbersome and complex. In fact, simplicity is desirable. However, any plan must contain at least two basic elements: a goal and the strategy to achieve that goal.

The goal of a public awareness program is simply that which the Council wishes to accomplish. This obviously has to be decided upon in concert with that which the Council has identified as its prevailing purpose. Is it awareness of consumers concerning existing programs? Is it education of the power structure concerning the role of the Council? Is it awareness of the general public concerning the needs of persons with developmental disabilities? Is it modifying attitudes of various audiences toward DD citizens?

The strategy is the method or methods which the Council will employ to reach its goal. Will staff be hired, or will professional services be contracted for? Will grants be awarded to individual agencies or will the Council undertake the project itself? Will brochures, newsletters, television spots, and other techniques be employed in this project?

Not only are the two components of goal and strategy critical to any plan, but the sequence in which they are decided upon is also important. It is futile for Councils to focus upon strategy options prior to determining their specific goal or goals. The strategy is totally dependent upon the goal and cannot be decided upon in isolation. First, the Council should study and arrive at a consensus concerning its goals and then move on to selecting appropriate strategies.

Applying this rationale to formulation of a public awareness program, three basic questions emerge which must be addressed in the following sequence:

1. WHAT do you need to say to.....
2. WHOM and, from the choices available.....
3. HOW are you going to do it.....

Of course, behind the answer to these three basic questions lies whatever studies or surveys the Council has undertaken in order to document the need and establish the primary purpose of a public awareness program. These questions have to be addressed with serious regard for that primary purpose.

Answering these questions does not need to be an awesome process. When the questions are analyzed, broken down into their simplest components, the answers can and should become clear and concise. The following matrix represents one technique for approaching these questions; it serves as a means to associate specific messages with specified target audiences and to identify appropriate strategies for each pair.

The Matrix Approach

Potential Messages:	Potential Audiences I. Power Structure	II. Consumers	III. General Public	IV. Professional Groups	V. Media
A. Program Messages		Priority #1			
B. People Messages			Priority #2		

Figure 1

The Matrix Approach

The Matrix Approach is a visual working tool to assist DD Councils in planning their public awareness programs. Basically, it divides all the potential messages of programs into two general categories: program oriented messages and people oriented messages. Program messages generally describe various aspects of existing service array. Announcement of programs, directory of services available, agency activities and annual reporting are all examples of strategies linked to messages which focus on programs. People oriented messages, on the other hand, deal generally with human interest stories. These are messages which depict the life, frustrations, attitudes, achievements and day to day problems of persons with developmental disabilities. After the Council has selected which type of message - program or people - it wants to convey, it can and must then hone it down to a sharp and concise statement.

Each of these potential messages can be directed toward any of five potential audiences: the power structure, the consumers, the general public, the professional groups and the media. With regard to potential audiences, the power structure represents those groups or individuals who are in a position to make decisions which affect the program and/or lives of persons with developmental disabilities. In addition to the variety of elected officials, this potential audience also includes the boards of directors of various agencies, political action groups and the array of community councils which influence the decision-making process. The potential audience of the consumers is not as readily defined as one might assume. There are, in fact, two types of consumer audiences; the known, already identified consumer who is on the registry of an agency and the unknown, yet to be identified consumer who has not found his way into the service delivery system.

The general public is probably the most difficult potential audience to effectively impact. The tremendous range of intelligence and sophistication, general public apathy, and the difficulty encountered in determining message effectiveness all contribute to the scope of this problem. The potential audience of professional groups consists of the range of individuals working directly or indirectly in the field of services to persons with developmental disabilities. When closely examined, it is composed of many subgroups with unique interests and needs, for example: doctors, teachers, program administrators, lawyers, judges, employers and so on.

Finally, the potential audience of media representatives is an intermediary audience, one which, if effectively informed and motivated can be of significant help in transmitting desired messages to other audiences. If the media does not understand your message or its significance, the potential for effective and consistent transmission of it is significantly reduced.

Consequently, the need exists to treat this audience as a separate group.

The choice of strategies which the Council will choose to achieve its objectives will vary considerably depending upon which individual box or boxes on this grid a Council identifies as its priorities. The example in Figure 1 indicates that the first priority of this Council is to direct messages about programs to the consumers themselves, and the second priority is to direct messages about people with developmental disabilities to the general public. Obviously, the strategy for each of these efforts would be significantly different.

Strategy Options

Historically, public awareness efforts have followed a traditional and somewhat stereotyped approach in selecting strategy options. The proliferation of newsletters, brochures and occasional news stories illustrates this point. In fact, imaginative examination reveals a host of strategy options which DD Councils could employ depending upon the choice of message to be targeted toward a specific audience.

Figure 2 is an elementary list of some of the strategies available to Councils. When reviewed in concert with the matrix, it is obvious that each strategy has a different relative value of effectiveness dependent upon both the chosen message and the target audience. Working with the matrix, appropriate strategies should be listed in the boxes which represent the DD Council's chosen priorities.

Strategy List

TELEVISION

- NEWS FEATURE STORIES
- STRAIGHT NEWS
- DOCUMENTARY PROGRAMS
- PUBLIC SERVICE ANNOUNCEMENTS
- TALK SHOWS

IN PRINT

- MAGAZINES
- BROCHURES
- ANNUAL REPORTS
- QUARTERLIES
- PROFESSIONAL JOURNALS
- FLIERS
- PAMPHLETS
- NEWSLETTERS
- PRESS KITS

RADIO

- NEWS STORIES
- REGULAR SERIES
- NEWS FEATURES
- PUBLIC SERVICE ANNOUNCEMENTS
- TALK SHOWS

VISUALS

- SLIDE/SOUND SHOWS
- MOBILE DISPLAYS/EXHIBITS
- MOTION PICTURES

OUTDOOR ADVERTISING

- BILLBOARDS
- BUS CARDS
- CITY PROPERTY

NEWSPAPERS

- DISPLAY ADVERTISING
- NEWS STORIES
- NEWS FEATURES
- COLUMNS
- EDITORIALS
- LETTERS TO THE EDITOR

OTHER

- SPEAKER'S BUREAU
- PRINTED ADVERTISING ITEMS
- LAPEL BUTTONS
- LETTER CAMPAIGNS
- SEMINARS
- PERSONAL RAPPORT
- SKYWRITING
- FRIZBEES AND OTHER GIMMICKS
- BUMPER STICKERS

Figure 2

Strategy Assessment

Periodically, once a public awareness program is initiated, it is necessary to do an assessment of each individual strategy employed. Too often, strategies which were initiated as experimental become standard practices and are carried on without objective review of their actual costs and relative effectiveness. The following assessment format in Figure 3 represents, in an elementary way, a visual aid for engaging in this process.

The Assessment Format

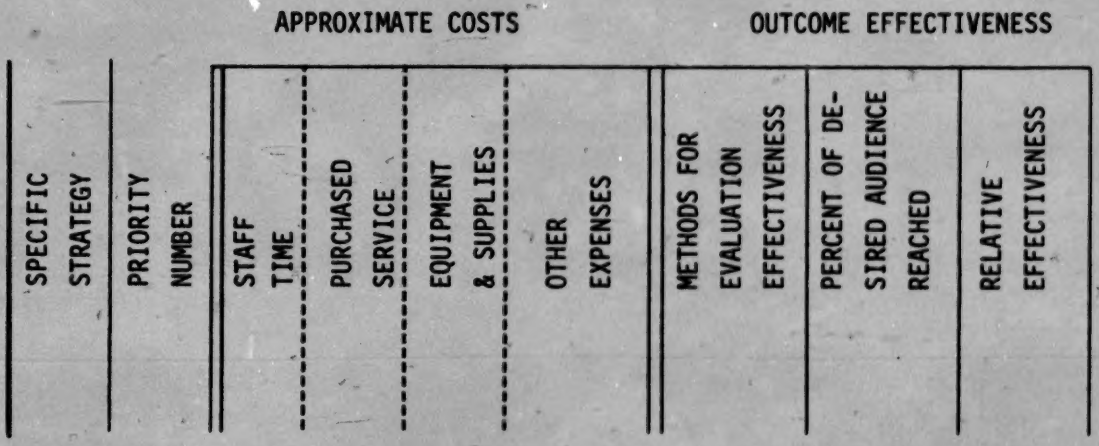


Figure 3

This format allows for listing in the left-hand column each specific strategy which a Council may be employing. The second column enables the communicator to rank each individual strategy according to the predetermined priority established by the Council. The columns dealing with approximate costs should be completed as totally and completely as possible, allowing for approximations of costs as equitably as possible. In order to gauge the

outcome of a certain strategy, methods must be delineated. Additionally, the Council must complete an estimate of the percentage of the desired audience reached. The consequent relative effectiveness of each strategy can be both revealing and of critical importance to Council membership in determining which strategies merit continuation and which should be discontinued in favor of a more effective one. This process should be completed at least once a year to provide a Council with the guidance it needs.

General Tips

1. DD Councils have to make a clear and concise commitment to public awareness efforts before a program is undertaken. These efforts must have a priority assigned to them, and a well-defined operating budget within which to work. Only after this is clearly determined should a Council begin its activities. Of course, this commitment has to be reviewed periodically in concert with all of the Council's other priorities.

2. Public awareness programs prosper best when planning is coordinated by a separate planning committee, sub-committee, or task force. Committee membership should consist of persons with varied backgrounds in order to provide a stimulating interchange of thoughts; certainly, people skilled in use of the various media should be represented.

3. Each State Council should remain aware of public awareness efforts undertaken by other states, but the temptation to duplicate other state efforts should be avoided. The right strategy for one state may not necessarily be the most appropriate one for a second state. Do your own thing!

4. Once your plan is determined (goal + strategy = plan) be loyal to it.

Don't deviate from your plan until you've had the chance to assess its relative effectiveness. Then, and only then should change be considered.

5. Do it with enthusiasm! Public awareness is, by its very nature, a vast arena. It requires all the enthusiasm and commitment possible.

Summary

Planning a public awareness program is a thought-provoking and stimulating process; it need not be cumbersome. The matrix approach is an aid in identifying and clarifying messages, targeting specific audiences, and linking appropriate strategies with the program's overall goals. Close examination reveals a multitude of potential strategies which can be employed in these efforts. Each strategy, however, must be assessed periodically with regard to its total cost and relative effectiveness. Within this framework, it is quite possible to employ a simple well-planned approach to public awareness programs.

CHAPTER 3

IDAHO
CHILD FIND
AND
PUBLIC AWARENESS ACTIVITIES

by

Linda Gibbs

The 1975 Developmental Disabilities legislation (PL 94-103) calls for the State Plan to provide early screening, diagnosis and evaluation of infants and preschoolers who are developmentally disabled. Obviously, finding unserved children is critical to these processes. An exemplary Child Find System was developed and is operated by the Idaho State Department of Special Education.

This program is described by Linda Gibbs, a Regional Resource Consultant in the College of Education, University of Idaho at Moscow. Her paper outlines some of the planning principles of Child Find with emphasis on the Idaho strategy for creating public awareness.

Introduction

All children in Idaho are entitled to a free, public education. The Idaho compulsory attendance law applies to children ages 7-15. Furthermore, the Idaho Code, Section 33-2001, mandates that school districts must provide education and training for all resident exceptional pupils. In Idaho, exceptional children are defined as:

> children whose handicaps, or whose capabilities, are so great as to require special education and special services in order to develop to their fullest capacity. This definition includes but does not limit itself to those children who are physically handicapped, mentally retarded, emotionally disturbed, chronically ill or who have perceptual impairment as well as those children who are so academically talented that they need special education programs to achieve their fullest potential..

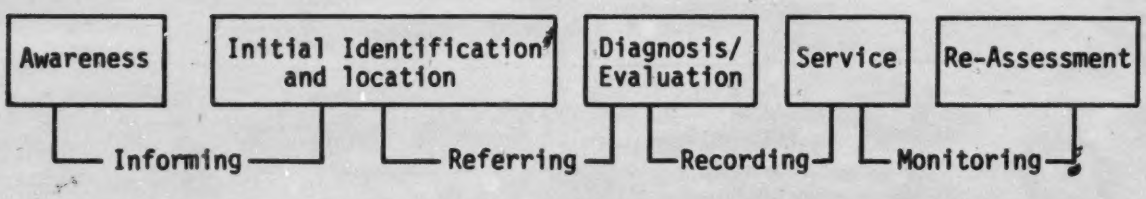
In addition, federal legislation (PL 93-380) requires that state departments of education develop plans to identify, evaluate and diagnose all handicapped children in order to receive federal funding for special education programs. In response to the above state and federal legislation, the following step by step plan was developed by Dr. Judy Schrag, Director of Special Education, to insure that Idaho would have an ongoing and comprehensive statewide Child Find system.

Idaho Child Find Identification Components

The Idaho Child Identification model consists of the following components which are consistent with our Full Services Goal:

Figure 1

Full Services Model



In developing the Idaho Child Find system, it was believed essential that all aspects of our full services model be considered. Thus, "Child Find" is but one aspect to consider in the development of a plan to locate, identify, and serve all unserved children. This paper constitutes a summary of the planning principles used in Idaho to design and implement the Child Find component of the Full Services Model. Emphasis is given to the Awareness activities.

Some Awareness Planning Principles

The immediate purpose of Child Find is to secure as complete a list as possible of all handicapped preschool and school-age children who are out of school or not participating in any education program. Names of school-age handicapped children are submitted to appropriate local school district personnel; names of preschool handicapped children are submitted to regional Child Development Centers, other appropriate community programs, or the State Department of Education. The long-term goals are to establish in Idaho a process for ready entrance into a system of free public programs of education and training appropriate to meet individual developmental needs of all school-age children, as well as to provide young handicapped children access to early education programs.

The following principles were considered in designing our Child Find system:

1. Determine the parameters of the public information campaign such as a) fiscal barriers, b) geographic barriers, c) personnel barriers, d) legislative barriers, e) informational/communication barriers, f) social barriers, etc.

2. Within the existing parameters, develop a simple but systematic plan which will include all action steps to be taken during the public information campaign. The plan should include a time frame within which each action step will take place.

3. Negotiate agreements or contracts with any and all available service agencies to provide at least partial back-up services in areas with limited capability.

4. Whenever possible, join with other service delivery systems (via agreements, contracts, etc.) to extend the capability for child identification, location and referral.

5. Locate and utilize or adapt existing media and materials for public information campaigns -- this will save both time and dollars and insure an integrated awareness campaign statewide. Design the public information campaign to insure saturation at the community level.

6. Mobilize volunteer task forces on the local level to systematically carry out Child Find activities.

It was decided by the State Department of Education to initiate Idaho's Child Find efforts and to provide an intensive month long search in October of 1975 to provide maximum support of identification and location of handicapped children. A mass-media campaign was carried out during October in a joint effort by the State Department of Education, Idaho Department of Health and Welfare, the Idaho Association for Retarded Citizens, Child Development Centers, Governor's Advisory Council on Developmental Disabilities, Idaho ROECH, public and private agencies, and parent and civic community groups. All efforts have continued on an ongoing basis after the October campaign. Such ongoing efforts include: bank stuffers, radio and TV material, and news releases.

Idaho's Child Find utilized volunteer task forces to carry out Child Find activities systematically. With the support of the state organization of the League of Women Voters, seven regional coordinators were recruited from their membership to help plan and initiate Child Find activities in each of the seven regions of the state. (see Supplement 2) A one-day training workshop was held on September 26, 1975, to acquaint the volunteers with project procedures and activities to be conducted during the month of October. At this

time the coordinators were given sixteen major objectives that they were asked to carry out during the month of October as well as all materials (speech material, posters, brochures, etc.) that would be needed.

Idaho's Sixteen Objectives and Activities

The seven coordinators were asked to meet with the regional special education consultant of the State Department of Education who was to provide them with any assistance that they might need in carrying out the identified objectives. The following are the sixteen objectives and their related activities that the volunteer regional coordinators were asked to carry out during the month of October:

1. Contact any local TORCH (State High School Organization) volunteers who have responded to the State Department. Names will be given to you.

   Activities:

   a. Each regional coordinator received a list of TORCH members who had volunteered to give an identified amount of time to help carry out Child Find activities. (see Supplement 2 for sample card.)

   b. The coordinator contacted the TORCH members in their region and gave them assigned activities to be carried out at a given date. (Activities included distributing brochures, posters, fliers, etc,)

2. Identify other volunteers who could assist with Child Find/Public Awareness activities. (In your own town and neighboring towns.)

3. Assign various tasks to identified volunteers.

   Activities:

   a. Prepare a schedule for volunteers. (Determine when volunteers are to carry out scheduled tasks.)

   b. Give volunteers specific tasks. (Where they are to go, what types of information they are to disseminate, etc.)

   c. Provide volunteers with any needed materials, sample letters, sample TV and radio releases, etc. (see Supplements 3 and 4 for samples used.)

   d. Any press releases, posters, etc., should emphasize both local and state phone numbers.

e. Ask volunteers to let you know if they need any assistance and to also let you know when they have completed the assigned activities.

4. Make or arrange for a personal visit to local television stations regarding Child Find public service spots.

   Activities:

   a. Make available to regional coordinators a copy of all TV stations in their area.

   b. Provide sample releases to radio stations.

   c. Have the regional coordinator arrange a local interview to discuss Child Find in Idaho.

   d. Have coordinators check to see if TV spots are being played during prime time.

   e. Send a letter to TV stations thanking them for supporting Child Find.

5. Contact radio stations regarding Child Find announcements.

   Activities:

   a. Make available to regional coordinators a copy of all radio stations in their area.

   b. Provide sample radio spots.

   c. Have coordinators check to see if radio spots are being played during prime time.

   d. Have the regional coordinator arrange a local interview to discuss Child Find in Idaho.

   e. Send a letter to all radio stations thanking them for supporting Child Find.

6. Contact legislators, State Board of Education members, agencies serving handicapped children and ask for newspaper releases in support of Idaho Project Child Find.

7. Call your designated regional school superintendent; identify yourself; leave your phone number and encourage calls or information requests. (The state organization of Superintendents had been asked at their state meeting to identify a superintendent in each of the seven regions who would be responsible for disseminating information to other superintendents in the region.)

8. When regional doctors are named, the State Department will communicate with you. Please call and introduce yourself to this doctor; leave your phone number and encourage calls regarding transfer of names to the State Department of Education. (The state organization of the American Medical Association was asked at its state meeting by Dr. Judy Schrag, Director of Special Education, to support Child Find activities and to identify a doctor in each region who could be contacted regarding Child Find Activities.

9. Contact and work with your regional special education consultant who will be providing assistance in your region.

   Suggested activities for regional consultants:

   a. Assist regional coordinators in obtaining materials. (tapes, posters, brochures, etc.)

   b. Make contacts with radio and television stations.

   c. Give talks to local civic and business groups. (A prepared tape explaining Child Find will assist any volunteers in presenting talks to local and civic and business groups.)

   d. Assist coordinators in administrative activities:

      i. Prepare any needed duplicated materials (letters, tapes, etc.)

      ii. Prepare any reports for regional coordinators of activities as requested by the State Department of Education.

      iii. Assist regional coordinator in finding volunteers in any rural towns when the coordinator has been unable to find assistance in distributing Child Find materials.

      iv. Act as a liaison between regional coordinators and the state department.

      v. Organize any regional meetings for coordinators.

      vi. Assist coordinators in preparing a time line of all identified activities.

      vii. Support the coordinators -- be available to assist in any way possible to carry out their activities. Periodically call the regional coordinators to see if any assistance is needed.

10. Make or arrange for contact with all local civic and business groups.

    Activities:

    a. Develop a list of suggested community resources.

    b. Chamber of Commerce will provide local list of civic and business groups.

    c. Make a list of community resources and identify who will be responsible for contacting each group with Child Find information.

    d. Provide cassette tape explaining Child Find that may be used at civic and business groups' meetings.

11. Contact PTA presidents and ask them to have the October meeting support Idaho Project Child Find. (Including distribution of posters, etc.)

12. Contact or arrange for contacts with church groups, ministers, priests, etc., for announcements regarding Idaho Project Child Find, local canvassing, distribution of materials, etc.

13. Ask regional special education consultants to solicit from the Council for Exceptional Children.

    a. Distribute materials to areas identified by regional coordinators.

    b. Assist in mailing out materials to areas identified by regional coordinators.

    c. Assist in making contacts with University radio and TV stations.

    d. Prepare news releases to the campus newspaper.

    e. Make or arrange contacts with all groups on campus to explain Child Find in Idaho.

    f. Assist with any follow-up activities as identified by regional consultant and regional coordinators.

14. Respond to local, regional concerns and calls, or refer calls accordingly.

15. Mail any registration forms which identify handicapped children who are out of school or unserved to the proper referral source.

16. Attend meeting at the end of October to plan ongoing activities throughout the school year.

Ongoing Child Find Activities

1. Bank stuffers were delivered to participating Idaho banks to be included in the November bank statements to their customers throughout the community.

2. Stuffers in church bulletins during November.

3. Letters explaining Project Child Find were sent home with all first through fifth grade students in the state of Idaho during the month of February.

4. A slide-tape presentation explaining Project Child Find was prepared for presentation to PTA organizations in the state of Idaho during the months of March and April.

Summary

In conclusion, listed below are some apparent strengths and weaknesses in utilizing task forces to carry out Child Find activities:

Strengths:

1. The regional coordinators felt that there had been excellent support at all levels. (State Department of Education, regional support and local support.)

2. Coordinators were provided with all necessary materials to implement their activities.

3. The organizational meetings gave the coordinators a chance to get together to discuss their activities, needs and problems. They received support and suggestions from one another in working out their problems.

4. The joint effort has provided communication and cooperation between volunteer organizations, parents, agency personnel, etc.

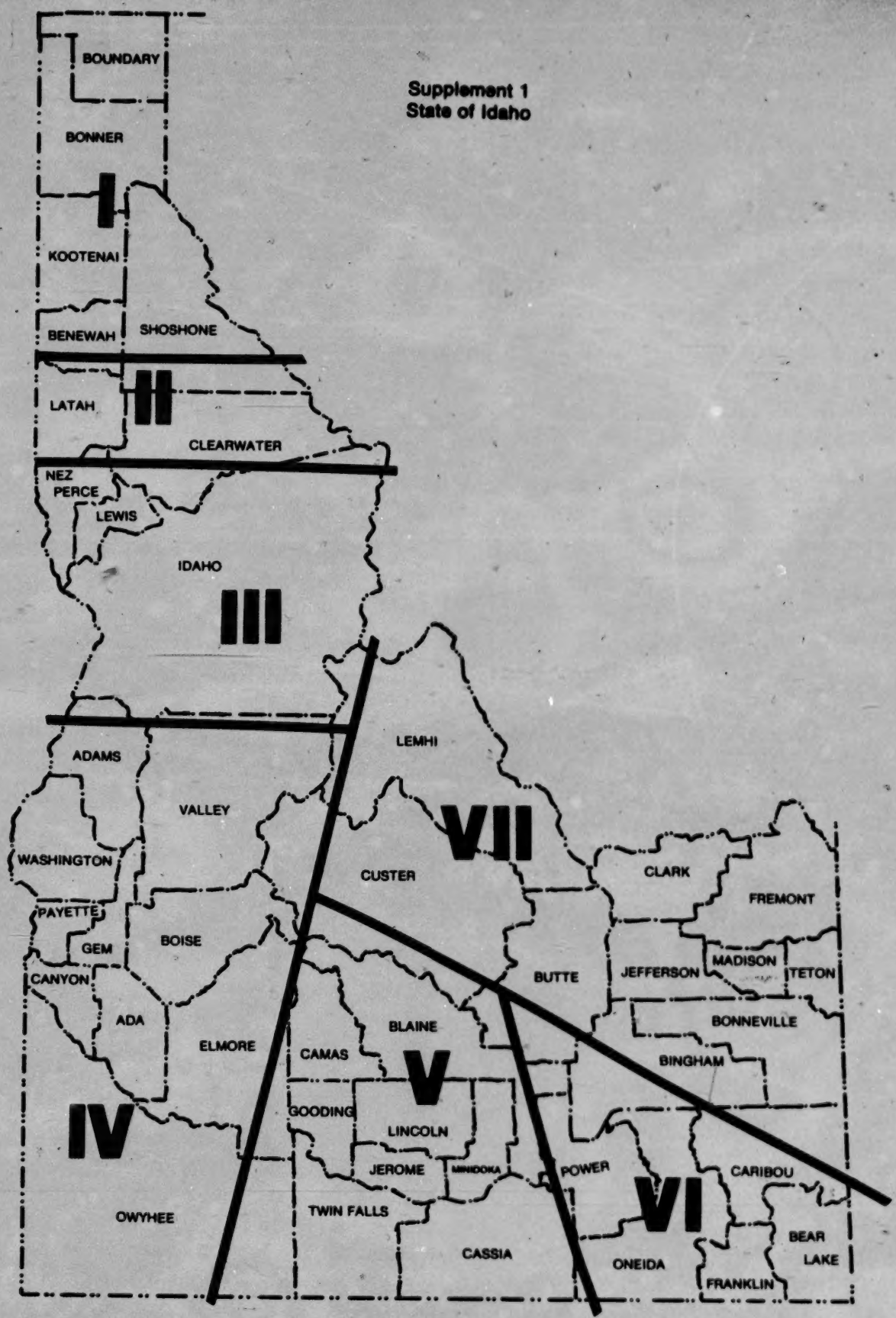
5. As children were identified through Child Find, the provisions necessary to deliver educational services to these exceptional children were initiated by the appropriate agency immediately.

Weaknesses:

1. The regional coordinators expressed concern that they were not given a realistic estimate of the number of hours that would be requested by Child Find activities so that they could adjust their schedules accordingly.

Hopefully, this summary of Idaho's planning principles, objectives and activities will be of help to other planners.

Supplements


Supplement 1
State of Idaho
BOUNDARY
BONNER
KOOTENAI
BENEWAH
SHOSHONE
LATAH
CLEARWATER
NEZ PERCE
LEWIS
IDAHO
III
II
ADAMS
VALLEY
WASHINGTON
PAYETTE
GEM
BOISE
CANYON
ADA
ELMORE
IV
OWYHEE
LEMHI
VII
CUSTER
BLAINE
CAMAS
V
GOODING
LINCOLN
JEROME
MINIDOKA
TWIN FALLS
CASSIA
CLARK
FREMONT
BUTTE
JEFFERSON
MADISON
TETON
BONNEVILLE
BINGHAM
POWER
VI
CARIBOU
ONEIDA
BEAR LAKE
FRANKLIN

Supplement 2

Dr. Judy A. Schrag
Director, Special Education
State Department of Education
650 W. State Street
Boise, Idaho 83720

Dear Dr. Schrag:

I will be able to help with Idaho's Project Child Find during the month of October. I expect to donate about _____ hours to distribute posters, pamphlets, and Child Find forms in my neighborhood and community.

Name_____

Street_____

City_____

State_____Zip_____

Home Phone_____

Note:

We will appreciate receiving this before September 15, 1975.
Thank you!

Supplement 3

UPDATED CHILD FIND RADIO ANNOUNCEMENTS

(for use until Nov. 15)

30 seconds

Idaho's Project Child Find is working! A number of handicapped children have been found and served through school programs or community services. If you know of a handicapped child who is not in school or receiving help, write

Project Child Find
State Department of Education
Boise, Idaho 83720

or call

384-2203

* * *

10 seconds

Idaho's Project Child Find is working! School programs and community services are available for handicapped children. If you know of a handicapped child who is not in school or receiving help

call

384-2203

Supplement 4

Script: Videospot #1

Setting: Child between ages 10-18 months appears on lap of adult who describes normal development of children in this age group; plain background; child is handling a play object.

"Most children between 10 and 18 months can crawl, walk and climb. Some can go up stairs by putting one foot, then the other on the same step. They learn by listening, feeling, pushing, pulling, upsetting, biting or tasting. By 18 months, most children can run and like to be chased. They understand many words and can name familiar things, like "dog" or "horse." Words are beginning to form sentences, like "Me do it."

Not all children develop in usual ways, however. Some are handicapped. Special help is available for these children and their parents. If you know of a young handicapped child, please write or call your regional Child Development Center or Project Child Find.

CHAPTER 4

TEN WAYS TO MEET THE PEOPLE AND MAKE THEM YOURS

Siting Community-Based Programs for the Developmentally Disabled

by

Lawrence Wiseman

Deinstitutionalization and the development of community based services, especially residential facilities is a top priority of a great many DD Councils. Public awareness and changing the community's attitudes are key elements in successfully developing these programs.

Lawrence Wiseman is managing director of the communications consulting firm of Moses, Epstein and Wiseman in Washington, D.C. His paper cautions against detouring actions in the siting of community-based programs for developmentally disabled people. Ten helpful guidelines are presented for open siting.

John Smith, director of Omicron House, Inc., has been approached by the county Office of Mental Health and Mental Retardation to establish a community residential program for the mentally retarded. After identifying a working class neighborhood with appropriate zoning, Mr. Smith locates two or three possible sites, and quietly purchases one of them. Although zoning is not a factor, he resolves in accordance with state guidelines not to site the home if strong community opposition develops.

To announce the opening of the new home, Mr. Smith sends press releases to the local papers. A few weeks later, he calls a community meeting, inviting doctors, social workers and other mental health professionals to attend and answer questions about the importance of community residential programs. Almost immediately, Mr. Smith detects considerable hostility to the notion of placing the home. Many citizens are distressed that they were only apprised of the move after the site had been purchased. Others raise objections about decreasing property values and increasing traffic and noise. Some express more personal fears about mentally retarded individuals living near their families. Still others point to the problems other neighborhoods have encountered when residents have "gotten into trouble." The experts' answers seem to do little good; by the meeting's end, when Mr. Smith promises "to get back to them soon," there has been no perceptible change in the neighbors' position.

Disconcerted by the vehemence of their reaction, Mr. Smith decides to seek out community leaders -- the president of the local PTA, the priest of the neighborhood church and others. He brings along a distinguished academic from the local university to further buttress his arguments. After extensive discussion, Mr. Smith feels he has convinced these leaders of the need for the facility, and invites them to join an advisory committee for the home. In order to "let matters develop at their own pace, " Mr. Smith does not

specify the purpose and responsibilities of the committee. Mr. Smith then calls another meeting through announcements in local papers, and invites the community to meet his advisory committee and discuss the future of the home. Through this committee, community resistance can, he thinks, be managed.

* * * * * *

Poor John Smith.

He's made some big mistakes. Some of them are tactical errors that could delay the start of his program for months, or even worse, destroy it altogether. Others represent lost opportunities -- opportunities to build a stronger base for changing public attitudes toward developmentally disabled people.

But folk wisdom suggests that his biggest mistake might have been that he went public in the first place.

Planners of neighborhood-based programs for developmentally disabled people tend to look at the siting process the same way that Columbus first looked at crossing the Atlantic: a long, difficult expedition shadowed by the prospect of unpleasant encounters with the residents of the territory at journey's end. This isn't just fear of the unknown. In the most recent comprehensive survey of the siting experiences of community programs, the operators of 472 facilities were queried about citizen reaction to their move into the neighborhood. Over a third encountered opposition from their neighbors, and most of it was strong. (1) The same survey suggests "it is quite possible that for every two or three programs that are established and continue to operate, another has been prohibited or closed because of community opposition." That's a frightening prospect for an agency that wants to open new community-based programs.

Dealing with citizen opposition is costly not only in terms of money.

It takes time as well. Over half of the programs in the Horizon House survey which reported citizen opposition, were forced to postpone their opening by at least eight months. Delays like this can put a severe strain on agency resources and, perhaps more importantly, on the expectations of potential clients waiting for placement in community programs. It's not surprising, then that program planners try to detour around the community rather than face it directly. How do they do it? Let's look at three of the more common strategies.

First, many agencies attempt to site facilities under-the-table, without the direct knowledge of their potential neighbors. Facilities are purchased quietly. Renovations are made slowly, and residents are phased into the home with as little commotion as possible. By the time the community recognizes that they've got a new neighbor, the facility is already in operation. Potential opposition is undercut through a fait accompli. Second, several states use legislation or court rulings to supercede local land use regulation even if there's a good prospect for neighborhood opposition. Proponents of this strategy claim that this is perhaps the most efficient method for managing community opposition. It removes the siting process from the one forum -- the zoning process -- where that opposition has traditionally been expressed.

The third strategy for managing opposition to residential facilities is simply to avoid it. This is the most common strategy, and it frequently involves siting homes in lower-income transitional neighborhoods where organized opposition is least likely to emerge. Unfortunately, like many detours, these three routes around the opposition often take you right back to where you started -- or worse, to someplace you didn't want to be at all.

In many states, for example, under-the-table siting has become very difficult to keep under the table. The deinstitutionalization movement is

spreading; people are more aware that programs are being moved into their communities. So surreptitious siting efforts are often uncovered. And when they are, the community's reaction is predictable. They're outraged. Consider the comments of one citizen who stood before the town council to protest a planned facility that his neighbors had unearthed. "I am appalled," he declared, "by the shockingly hurried and secret way the residents were let in on the fact that such a home would be in their area." (2) Potential neighbors like this gentleman tend to view provider agencies as being part of the "government." Today, there are significant public pressures on government to be open and honest. When a provider isn't -- or doesn't appear to be -- people's fears of the mentally retarded can be compounded by their anger toward an agency that seems to be covertly "meddling" with their lifestyle. (3) Providers who choose covert siting, therefore, run a high risk of destroying their credibility in the community. And they are liable to damage the prospects of "normal" relationships between residents of a community facility and their neighbors.

Likewise, agencies which depend upon state law to override local zoning ordinances are doing less than they think to sidestep the problems of community opposition. Closing off the zoning process merely eliminates some of the points at which the establishment of the facility can be challenged; it doesn't eliminate opposition altogether. Only 16 percent of the facilities surveyed by Horizon House, for example, encountered "zoning difficulties." But <u>34 per cent</u> -- twice as many -- faced significant community opposition. Clearly, the zoning issue isn't necessary for citizens to get their feelings into the open. They can turn to the courts, the town councils, newspapers or to the legislature where they must be confronted in any event.

The third strategy -- siting facilities in transitional neighborhoods

where opposition tends to be lightest -- is the simplest. Unfortunately, this path of least resistance often leads to a dead-end. Consider the case of Pittsburgh's Oakland district, a university neighborhood with a mixed, lower middle class population. In the rush to establish community-based programs, agencies flocked to Oakland; soon its 6,100 residents were sharing the neighborhood with over 300 recently-deinstitutionalized citizens. This led some people to claim that Oakland had become an institution itself -- without walls to be sure, but also without social service facilities sufficient to support the clients of these community-based programs. Whatever the truth of these claims, agencies which site their programs without regard to dispersing them throughout a community do run heavy risks -- risks of defeating the very goals they set out to achieve.

On a practical level, then, each of these three strategies -- covert siting, zoning overrides and concentrating facilities in a transitional neighborhood -- is severely flawed. They simply don't do what program planners would want them to do. Then why do agencies seem to favor these kinds of tactics over siting strategies that involve the community directly? In the short run, they're easier to implement and control. And they seem to fit with the prevailing philosophy of many who operate community-based programs. When Evergreen Homes' covert siting strategy was unearthed by angry citizens, the director of the agency took a very common position. "I will not," she told the citizens of Wilkes-Barre, "take away the dignity of the mentally retarded by begging for what is rightfully theirs by law." (4) In short, for now the public can be damned.

Her vehemence is understandable. So -- in a way -- are her sentiments. But they are self-defeating. By taking a "public be damned" position, the agency was not only denying the perfectly legitimate rights of the neighbor-

hood to honesty, consideration and respect from those who spend their tax dollars. (5) Evergreen was undermining the foundation of the very program it was trying to establish. When neighbors are shut out of the deinstitutionalization process, they automatically become characterized as opponents. They cease to be seen and heard as potential partners in a system of care that must rely on at least a passively receptive community to achieve its goal of normalizing life experiences for developmentally disabled people. On the other hand, Evergreen could have used open siting -- where facilities are implemented through direct, honest and more-or-less continuous contact with the neighborhood -- to help build this partnership. The agency would have had to address citizen concerns, defuse fears, calm apprehensions. But open siting offers ample opportunity to do just that -- and even to create a climate where broader-based public education is feasible.

Putting "normals" into carefully-planned direct contact with developmentally disabled people, for example, is perhaps the most effective technique for changing public attitudes. Certain pre-conditions, however, must be met before these contacts will work. Although research is fragmentary, it suggests that these circumstances could be created when agencies deal directly with target communities during a siting attempt. (6) To our knowledge, no one has attempted to test the potential of this resource for attitude change. But it seems worthy of more than hasty consideration.

Other community education activities can also be strengthened by linking them to the deinstitutionalization process. General mass media campaigns, for example, are notoriously unmemorable, and unrememberable. Their effectiveness most often suffers when the man-in-the-street can't see a connection between your message and his life. If he doesn't, he'll turn it off. During open siting efforts, however, citizens throughout the community quickly come

to realize that they have a direct stake in the events around them. They'll be more likely to pay attention to your PSA's and newspaper features, because they realize they can use the information. Your public education efforts are, therefore, more likely to succeed.

* * * * * *

On the surface open siting seems like the most appropriate way to implement community programs. It accords the neighborhood a legitimate stake in shaping its own growth. It deepens the potential for public awareness. It avoids the pitfalls of other, more circuitous routes for siting facilities. But it suffers from one major shortcoming of its own: it is not an easy road to travel, no matter how attractive the destination. John Smith learned this lesson the hard way, along with countless other providers who have rushed headlong into open siting without first considering how to do it. He committed at least five community relations errors that doomed his effort before it really began.

...He announced his plans with great fanfare, and without permitting himself any maneuverability.

...He used expert opinion to help argue his case before the neighbors, and relied too heavily on traditional opinion leaders.

...He ran his public meeting without an agenda.

...He scheduled ad hoc meetings, thus contributing to a sense of communal crisis.

...He formed an advisory group for the home without clearly defining its powers and tasks.

Providers often make mistakes like these. According to our reading of existing survey research, they frequently create their own siting problems by saying the right thing at the wrong time, the wrong thing at the right time, by saying too much, or too little. (7) Unfortunately, their experiences lead

them to suspect that the solution is not to find better techniques for open siting, but to avoid it altogether. (8)

This isn't necessary. Open siting does work -- if it is approached systematically and with attention paid to some elementary community relations techniques. Crawford and Wolpert, for example, describe four siting experiences in Lancaster County, Pennsylvania, where the "ingenuity and foresight of the administrator was revealed in his work with existing community structures." All four residential facilities for the mentally retarded were sited without controversy "although Lancaster has a very conservative tradition and is overwhelmingly white and middle class." They found that the operator -- through his skills in community relations -- was able to "avert a feeling of community intrusion or disruption with the establishment of these group homes." (9)

How can other providers duplicate the success of the Lancaster administrator? Unfortunately, there is no single road map to follow. Each community is different; and each siting attempt raises a different set of community relations problems to solve. But here are some general guidelines that can be applied by any provider committed to open siting -- guidelines that will make it easier to do the job they set out to do. (10)

1. Don't hide behind the law. Finding a site with appropriate zoning, or using state law to override local zoning ordinances doesn't guarantee a free ride. Citizens who oppose your facilities will find a way to tell their story: in the courts, the town council, the state legislature, or in the media. Wherever they say it, what your opponents say can damage your standing in the community, if not your freedom of movement in present and future siting efforts.

2. Keep a low profile, but don't go underground. The most irrate oppo-

nents of community facilities are those who stumble onto an undercover siting attempt. With the number of community programs increasing, your chances of "sneaking in" are small. And if your are discovered, the damage to your reputation could be devastating. Speak softly. But make sure that everyone hears you.

3. Don't forget that people are looking at you. How the neighborhood and the community feel about your agency is as important as their attitudes toward developmentally disabled people. Many citizens are as suspicious of government agencies that appear insensitive to their needs, as they are fearful of sharing their neighborhood with developmentally disabled people. Be responsive; but don't let community misgivings about your style interfere with efforts to deal with more fundamental concerns.

4. Go public, and mean it. Bringing the community into the siting process can be a positive force in promoting acceptance of the facility. But citizens must see that their involvement is meaningful. Both proponents and opponents of the facility should sense some degree of control over the outcome of the siting attempt. Selecting between alternative sites, or helping to plan for physical improvements are areas where citizen control can be exercised -- if the agency declares that a suitable site will be found within a specified time. These opportunities to deal directly with the provider and to make real choices can reduce the need for citizens to express opposition in other, less manageable ways -- by going to court or to the city council, for example. And, of course, by going public, providers can take advantage of increased opportunities for public education and attitude change.

5. Be open. Withholding information or presenting only positive images of your program can increase community suspicion, and lead to more active opposition.

6. Meet the public on your terms. Schedule regular meetings. Regularity makes the agency look dependable. Sporadic, ad hoc meetings lend a sense of crisis to the proceedings and may suggest to the public that the agency is fearful of citizen input. Be responsive to the needs of the public in setting up agendas for your public meetings. Give citizens an opportunity to help set the agenda, before the fact. But, run a tight meeting. Chaos is the only alternative.

7. Do your own talking. Get out into the community, into your prospective neighborhoods' homes. Hear their problems, and respond to them honestly. Don't depend on mass media campaigns alone to change opinions in a neighborhood. Most often, it doesn't reach those whose opinions you want to change. And it's expensive. An appropriate method of introducing the notion of a facility in the neighborhood is through house-by-house chats with individual residents, inviting them personally to a neighborhood meeting. This is an opportunity to gauge the extent and nature of potential opposition, and to identify your supporters.

8. Experts don't always work. Bringing outside experts into a community to help convince residents that a proposed facility is worthwhile may not be persuasive. Testimony by neighborhood residents in favor of the facility will appear more credible to other members of the community, especially if they join you during a house-to-house canvass.

9. Don't expect advisory committees to see things your way. Consumer representatives often spend the bulk of their time defending or promoting very particular interests; those of their own children, or those programs most consistent with their own pre-conceived notions of appropriate care for developmentally disabled people. These are perfectly legitimate concerns. However, you cannot respond satisfactorily to the whole range of individual

concerns. This will frustrate the Committee and deepen the potential reservoir of community suspicion. Attempt, therefore, to immediately broaden the perspective of your Committee members; permit them to educate themselves. Take the initiative in creating activities that will lead them to work cooperatively with you in solving common problems.

10. Think positively. Present an optimistic face to the public about the implementation of a proposed facility. Some statistics demonstrate that those agencies that feel confident about implementation, have a better chance of succeeding at it than those who don't.

These guidelines are not a blue print for success in open siting. They can't guarantee that opposition will disappear or that neighbors will quietly join the movement to build effective community-based programs for developmentally disabled people. Technique is not enough. Providers must be able to apply it. And this means understanding people -- and how to relate to them. The guidelines we've offered can point to promising routes, or steer you away from dead-ends. But the burden of open siting will always rest with the provider. In this paper, we have attempted to demonstrate that the burden is worth carrying -- and that it is not as heavy as some would think, if you know how to carry it.

References

1. The survey may, in fact, significantly under-report incidence of community opposition. Since it was a survey of existing programs, the data suffers from a bias toward "success." Joseph R. Piasecki, "Community Response to Residential Services for the Psycho-Socially Disabled: Preliminary Results of a National Survey," Horizon House Institute for Research and Development, Philadelphia, November 15, 1975. This paper is part of a larger National Survey of Community-Based Residential Facilities, forthcoming.

2. Times Leader/Evening News Record, Wilkes-Barre, Pennsylvania, January 17, 1971.

3. The Horizon House study suggests that programs sponsored by government agencies are likely to receive more opposition than privately-sponsored facilities. The author of the report suggests that this may be due, in part, to the apparent reluctance of government agencies to actively involve the community on advisory or governing boards.

4. The MR Digest, Vol. 1, No. 12, March 17, 1975; Institute for Research and Development in Retardation, Pennsylvania Association for Retarded Citizens.

5. The burden of protecting citizen rights to help shape the development of their community is more than philosophical. It is often imposed by law. For example, the community Mental Health Centers Amendments of 1975, PL 94-63, mandates that a funded agency must review its activities "in consultation with the residents" of its service area "to assure that its services are responsive to the needs of the residents."

6. See Richard D. Ashmore, "Background Considerations in Developing Strategies for Changing Attitudes and Behavior Towards the Mentally Retarded," in The Mentally Retarded and Society, edited by Michael J. Begab, Stephen A. Richardson (Baltimore: University Park Press, 1975), p. 159ff. Drawing on research from allied fields, Ashmore has drawn up a list of factors which he suggests are linked to successful attitude change. We have applied these factors to our examination of the siting process.

7. J.L. Freedman and D.O. Sears, "Selective Exposure," in Advances in Experimental Social Psychology, edited by L. Berkowitz (New York: Academic Press, 1965), pp. 58-97. The success of mass media compaigns to change public attitudes toward alcoholism may be due in part to the large number of people -- 36 million -- who live, love or work with alcoholics. For these people, information about alcoholism has meaning. And they are more likely to pay attention to it.

8. Just how many providers do use open siting techniques when first introducing a facility into a neighborhood has never been directly measured. Conversations

with numerous home operators suggest that many prefer more clandestine techniques or siting in transitional neighborhoods. Carol Sigelman, in "A Machiavelli for Planners: Community Attitudes and Selection of a Group Home Site" (Texas Tech University, Research and Training Center in Mental Retardation, April, 1975), even submits that the realistic planner of community services should select a site which will optimize program success "without fretting over the intricacies of attitudes." Oddly enough, though, the Horizon House survey found that the vast majority of those operators who encountered opposition found direct contact with the community to be most effective in resolving it.

9. Randi Crawford and Julian Wolpert, The Siting of Mental Health Satellite Facilities: Demonstration of a Comparative Case Study Instrument, unpublished, NIMH Center for Metropolitan Problems, June, 1974.

10. Crawford and Wolpert, op cit, and Robert B. Coates, "Neutralization of Community Resistance to Group Homes" in Closing Correctional Institutions, D.C. Heath and Company, 1973. Wolpert's study is one of the few systematic appraisals of siting strategies. Many of his recommendations for action are reflected in this paper.

CHAPTER 5

CONSUMER INVOLVEMENT IN COMMUNICATION ACTIVITIES

by

Virginia Russock and Eleanor Pattison

with assistance of

Jon Miller

Consumer participation has been a strong foundation of the DD program since its inception. Even with the new DD legislation, it appears that their input and involvement is strengthened. This short paper examines some of the communication activities of consumers in the area of designing and implementing a community based approach. It reflects a developmental model used as a basis for providing services to developmentally disabled children and adults.

Two advocates, Virginia Russock and Eleanor Pattison, from the Eleanor Roosevelt Developmental Services of Albany, New York, prepared this material. They were assisted by Jon Miller of DD/TAS.

Introduction

This brief paper represents a somewhat unusual perspective on public awareness in that its focus is on communication between a service delivery system and the consumers of its service. The material here reflects the work of Eleanor Roosevelt Developmental Services (ERDS) which serves a six county area around Albany, New York and represents a highly innovative approach to deinstitutionalization.

One of the major components of the program, which has achieved remarkable results in deinstitutionalization, is consumer involvement. Consumers -- the developmentally disabled and their families -- are a "public" with the greatest possible interest in DD services. The following paper describes how one public service delivery system has established an active, continuous, and "two-way" communication system with their consumers and the community in which they operate.

Background

In the late 1960's significant changes were occurring in public and professional attitudes toward persons with developmental disabilities, both in the perception of those citizens and in the provision of services for them. The 1960's were characterized by an increase in number and effectiveness of parent organizations to advocate change, a heightened recognition of the legal rights of individuals to equal treatment and access to services, and increased public awareness of the horrors and inadequacy of institutional care. This era also saw a clearer perception of widening gaps between the benefits of prosperity accruing to millions of people and the neglect of those unable to act for themselves, particularly those children and adults denied these benefits because of their developmental disabilities.

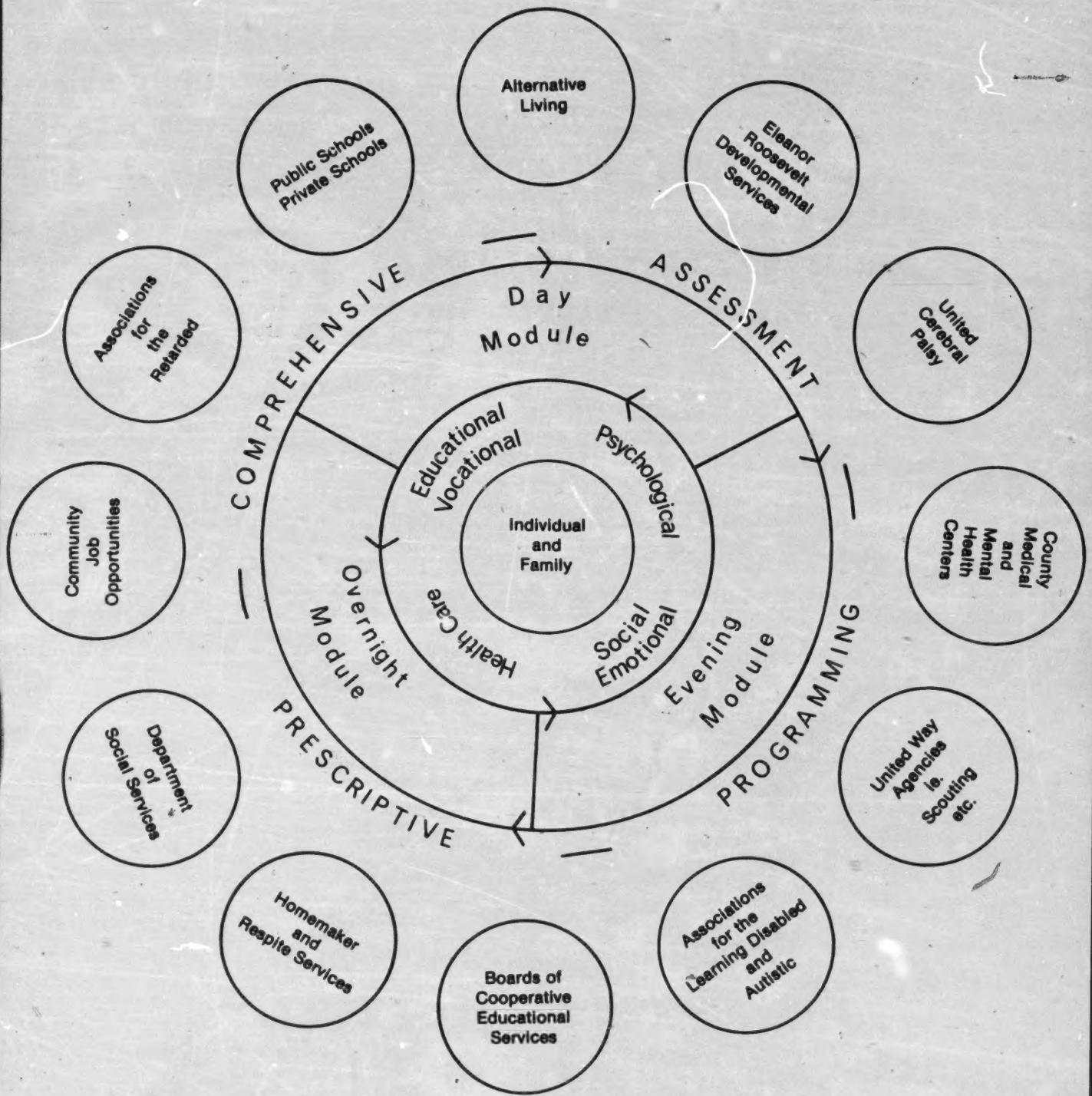
Advances were also being made within the many public agencies and professional disciplines working with developmentally disabled persons. In medicine, the health sciences, and education, there was increased concern with prevention and with child development. In psychology and the social sciences there was an increased understanding of individual behavior and the dynamics of families and communities. There was also an increasing articulation of the normalization principle. One elusive element, however, was a means by which consumers, parents, and professionals could work together to apply these advances.

The Eleanor Roosevelt Developmental Services (ERDS) program was initiated in 1970 in a six county area around Albany, New York. This pilot program had a mandate to establish comprehensive community-based services for developmentally disabled children and adults. Its mission was to offer genuine alternatives to institutional care. (see Figure 1 which depicts the Orbit of Community Based Developmental Service). The program was established by the New York State Department of Mental Hygiene, but was to collaborate with community based agencies and parents of service recipients in developing a system of institutional alternatives. Initial program goals were ambitious. An example is the goal of reducing institutional admissions from the service area from an average of 79 per year to 0. Although this was a five-year goal, it was accomplished by 1973.

Consumer Involvement

Consumers are an integral part of the community-based developmental model. In the past, priorities were often set by service providers without any real involvement of consumers. The emphasis on consumer and community input, assures the integration of valuable reservoirs of knowledge and skills into every aspect of program and communications planning, development,

Figure 1
Orbit of Community Based Developmental Service



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and implementation.

Each geographic team of Eleanor Roosevelt Developmental Services, which serves a population from 50,000 to 150,000, has a consumer board comprising representatives from the consumer agencies and individuals in its catchment area. The agencies include the local Associations for Retarded Children, the Capital District Chapters of the New York Association for Brain Injured Children and the National Society for Autistic Children, United Cerebral Palsy Association, the Upstate Spina Bifida and Hydrocephalus Association, and others. Individuals with handicaps, parents of institutionalized children and adults, and staff representatives from community agencies and public schools are important members of the consumer boards. The boards meet with staff at least monthly to discuss and act upon program planning, implementatio and evaluation. They also advise the staff on priorities, assist in public awareness and communication activities, and assume responsibility for specific program areas. Each consumer board includes members whose primary function is to assist in planning and evaluating programs, assist in planning for persons returning from state operated facilities, serve as advocates for dissatisfied or unserved parents and other consumers, contribute to planning and providing education and in-service training of staff, and assist in selecting key personnel. Hence, the consumer board with each team is a working, task oriented board.

In addition to the board operation, members of the consumer boards, parents of Eleanor Roosevelt Developmental Services clients, community volunteers, and other concerned parents and consumers have formed an independent advocacy group. This group seeks to improve communication between consumer organizations, agencies, and individuals and support the community-based developmental model. Members of this group serve on committees organized func-

tionally and in a way similar to the committee structure of each consumer board, so there are committees on communication, education, evaluation, and advocacy.

Finally, consumers are also part of the paid staff of Eleanor Roosevelt Developmental Services. They act as in-house advocates, share their knowledge in such matters as staff hiring and program planning, act as liaison with consumer agencies, and serve as advocates for individual clients. The parents on staff also provide in-service training of members of the professional staff to acquaint them with consumer viewpoints. The effects of the involvement are often quite tangible and visible -- the warmth of a program, its setting, and the real involvement of parents, staff, volunteers, and the children and adults themselves.

Communications Activities

The innovative, if not unique, approach to communications in ERDS programs is to promote the awareness of a very significant public through their involvement in the program. Not only are all consumers made very aware of the program through direct involvement, but many other elements of the community also. The many public and private organizations in active contact with the program, as illustrated in Figure 1, represent a large share of the total community population. Many people represented, in the public schools for example, are not normally in contact with DD programs and are often considered part of the "general public." Because the community itself is the center and focus of programs, rather than a brick and mortar program, all of the many daily contacts between program components and community residents are community education -- or public awareness -- activities.

The design of this program capitalizes, for public awareness purposes, on the effectiveness of person to person communication. The direct involvement

of consumers and other community residents serves to heighten awareness and understanding of the program as a direct function of providing services. Thus a very large group in the community is reached without need for any traditional activities organized solely for public awareness purposes. Public awareness is "built-in" in a real and effective manner.

Closing

As a pilot program, Eleanor Roosevelt Developmental Services has demonstrated the feasibility of continuous consumer participation throughout its planning, implementation, and communicating processes. These methods of cooperation have given new strength and responsiveness to the mental hygiene system, and they foster a cooperative environment in which both consumers and providers can work together to achieve goals commonly agreed upon.

CHAPTER 6

A FILMMAKER'S THOUGHTS ON FILM PRODUCTION CONCERNING THE DEVELOPMENTALLY DISABLED

by

James Stanfield

Film is a potentially powerful tool for communication and persuasion; it can, however, be misused. James Stanfield is a Professor of Special Education at California State University at Los Angeles, a filmmaker and film distributor.

Responding to the DD public awareness effort, he has strong opinions on when films are needed, how films should be made, and what kind of films are needed. Using a question-answer format, Stanfield responds in this chapter to frequently asked questions concerning public awareness.

Introduction

As a filmmaker who has a professional background in Special Education, I am frequently asked by prospective producers (A.R.C's, Departments of Mental Health, etc.) to meet and consult with them on the production of public awareness films concerning persons with developmental disabilities. In reviewing these meetings, I have recognized several key questions which inevitably arise. These questions, together with my responses, are presented in the body of this paper. Although there are many more questions which must be asked before beginning production, the following are, in my opinion, the first to be answered.

Questions and Responses

QUESTION: Is film an effective medium to change or form attitudes and behaviors; to educate and persuade?

RESPONSE: I am convinced that theatrical films have had a significant historical role in the nurturing of a negative public image and the dissemination of misinformation concerning the disabled. I am convinced further that the same medium can be used to communicate accurate information and develop positive attitudes.

Television programming, which the average American watches seven hours a day, is founded upon the assumption that film can teach and does influence behavior. If this assumption were incorrect, commercial television could not exist. Television could sell a positive image of the disabled -- a "people first" image -- as effectively as it does cars and soap. Imagine "Mary Hartman, Mary Hartman" sponsored by the Developmental Disabilities Technical Assistance System.

QUESTION: Should we use a "super exceptional" or normative approach in illustrating the handicapped?

RESPONSE: Both approaches serve a purpose. In the film "A Matter of Inconvenience" I deliberately chose disabled individuals who had shown a remarkable degree of accomodation and adjustment. I wanted to startle my audience by showing disabled people acting completely opposite to their stereotype and, in so doing, break up that stereotype. Watching people who are blind or amputees ski the slopes of Donner Pass is simply incompatible with feeling sympathy, pity and devaluation.

However, in "People First", a documentary I recently filmed on a self-advocacy group of developmentally disabled citizens in Oregon, my approach was completely different. I wanted to emphasize not what these people could do, but what they are -- people first. This was best done by showing disabled individuals with a full range of adjustment, accomodation and competence while emphasizing the universality of their needs and feelings as human beings. After making "People First", I feel this normative approach touches people at a deeper level and is the one I favor.

QUESTION: How do we select a filmmaker and what will it cost?

RESPONSE: Your film must be well produced. Television has made your audience accustomed to technical perfection. Before signing a contract, see what the filmmaker has done in the past and ask to speak to a sponsor he or she has worked for. The latter will give you an idea how well the filmmaker will listen to your needs over his own urge to make the film his own. Expect to pay in the range of

$1,200 to $1,500 per minute of the running length of the finished film. Payment is made, usually, in four installments: 1/4 on approval of the script; 1/4 after shooting; 1/4 on approval of workprint, and 1/4 on delivery of the first copy. The funding agency should retain ownership of the negative in order to negotiate possible future distribution of contracts.

Because funding is difficult, student filmmakers often are used. Some films show it, a few are the best made in the field. Again, look at what the student has done before and ask for endorsements. I must say that the sponsor generally gets what he pays for in the film business.

QUESTION: Should we distribute this film ourselves or contract with a film distributor?

RESPONSE: If your message is worth the time and money of a 16mm film, it should be worth national distribution. (If it is not applicable for anyone beyond your immediate community, then make a filmstrip, slide show or video tape.) Do not try to distribute it yourself. You do not have the money, expertise or time. National distribution involves mailings in excess of 50,000 pieces, preview prints, film inspection and shipping, journal ads, and festival entries, etc. You won't and can't do it. Instead, contract with a national film distributor and expect a royalty in the range of 15% to 25% of all gross sales. A good educational film will sell from 250 to 500 films. Your royalties may fund another film or provide scholarships to a workshop, and you are getting your message to millions.

Pick your distributor as carefully as you pick your filmmaker. Ask

to see what other films like yours he has in his library, (if he has none, he does not already have a market or mailing list for yours) and how well they have done. Do not forget to ask for an evaluation from one of his clients.(1)

Some Closing Comments

Before producing any material, print or non-print, survey the market for what is already available. You may find what you need has already been made. For example, the following films are available which promote the normalization concept: "Count Me In", "Like Everybody Else", "Like Other People", "Coming Home", "People First", "Readin' and Writin' Ain't Everything". Although each film approaches the subject uniquely and each covers additional topics, any one could be used to stress the right of citizenship for the developmentally disabled. And if any single one would not, a combination of all or part of the others certainly would. Buying all six would cost less than 10% of a new film and save one year of production time -- further you would have great flexibility in programming film presentations to different audiences.

It is my opinion that there already exist several excellent films (2) which can be used to develop a positive and responsible attitude toward the developmentally disabled. The films that need to be made now are ones which show specific programs and training procedures; parent, aid, and professional training films. We have films which show a need. We now need specific illustrations of how to meet the need.

References

(1) For more information on this topic see "Distributors Vs Buyers" in Sightlines, Vol. 9, No. 2, published by The Educational Film Library Association, 17 W. 60th Street, NY, NY 10023.

(2) For information on any of the films mentioned in this article as well as a list of films to be used for community education, contact the author at The Stanfield House, 900 Euclid Street, P.O. Box 3208, Santa Monica, CA 90403.